

Born in Cleveland ☐ YES ☒ NO

PLEASE  
LETTER  
PLAINLY  
OR TYPE

Collaborator if any

Artist

Elmer H. Mueller

FIRST NAME

LAST NAME

Address

3561 Boynton Rd Cleveland 2

NO.

STREET

CITY

ZONE

NAME  
Coryhoqa

COUNTY

Tel.

EVZ-2414

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank..

NUMBER FOR  
SALE

NUMBER IN  
EDITION  
(Graphic Prts.)

PRICE

TITLE

MEDIUM

CLASS

DO NOT WRITE IN  
THESE COLUMNS[illegible]

**SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.**

Use second blank if required

## IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Elmer H. Mueller

SIGNATURE

RECEIVED MAY 11 1968